

To:

(Election Authority)

(Name of Write-in Candidate)

(Complete Address)

(City, Village or Town)

(County)

ILLINOIS

(Zip Code)

(Precinct Name and Number)

(Party)

I state that I am a qualified primary elector and a resident of the precinct, address, city, village or town, and state as stated, that it's my intention to be a write-in candidate for the following office:

(Office Title)

(Name of Election)

(Date of Election)

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this request are true and correct.

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(Signature of Candidate)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me,  
(Name of Candidate)

on \_\_\_\_\_  
(month, day, year)

(SEAL)

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(Notary Public)**NOTE:**

An original Declaration of Intent must be filed with each election authority not later than 5:00 p.m. on the Tuesday immediately preceding the election.